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2012 AUG 13 AM 8: 07

	-FEC-MAIL-GENTER
ARKANSAS HORSE ASSOCIATION	. TO THIE GENTER
If registered, FEC ID:	
Today's Date:	
08/08/2012	
Federal Election Commission	
999 E Street, N.W.	
Washington, D.C. 20463	
Re: Form 1, Statement of Organization—Unlimited C	ontributions
To Whom It May Concern:	
This committee intends to make independent expendit	tures, and consistent with
the U.S. Court of Appeals for the District of Columbia	a Circuit decision in
SpeechNow v. FEC, it therefore intends to raise funds	in unlimited amounts. This
committee will not use those funds to make contribution via coordinated communications, to federal candidates	
Respectfully submitted,	
Treasurer's Name:	
Julie Caramante, Treasur	rer

12030873336

FEC FORM

STATEMENT OF ORGANIZATION

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FORM 1					SEC MAIL CENTED
1. NAME OF COMMITTEE (ir	ı full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	FOR CUMAN CENTER
ĄŖĶĄŅSĄ	AS HC	RSE ASSOC		4 1 1 1 1 1	
ADDRESS (number a	nd street)				
(Check if a is changed)					
	'			البا	
			CITY	STATE	ZIP CODE
COMMITTEE'S E-MA	AL ADDRES	SS (Please provide only on	e e-mail address)		
(Check if	address	larhorseasso	ociation@gmail.c	om , ,	
is change					
COMMITTEE'S WEB	PAGE AD	DRESS (URL)			
			rseassociation,tu	ımblr.com	
(Check if is change					
2. DATE	1 / [
3. FEC IDENTIFIC	CATION N	JMBER C	and and are reduced to		
4. IS THIS STATE	MENT X	NEW (N) OR	AMENDED (A)		
I certify that I have o	examined th	nis Statement and to the b	est of my knowledge and belief	f it is true, correct	and complete.
Type or Print Name	of Treasure	, Julie Caran	nante		
Signature of Treasure	er <u> </u>	Julie Con	troma	Date Ö8 ^M	′ 08° ′ 2012
NOTE: Submission of			ion may subject the person signin		the penalties of 2 U.S.C. §437g.
Office Use			For further information Federal Election Commit Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

FEC For	rm 1 (Revised 02/2009)	Page 2
TYPE OF C	OMMITTEE	
Cendidate	e Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complet information below.)	te the candidate
Name of Candidate		
Candidate Party Affiliation	on Sought: House Senate President	State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	·
Name of Candidate		
Party Com		
(d)	o e	emocratic, oublican, etc.) Party.
Political A	ction Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	cted organization is a:
	Corporation ·· Corporation w/o Capital Stock	abor Organization
	Membership Organization Trade Association	cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f) ×	This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	gated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	Iraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
Comi	mittees Participating in Joint Fundraiser	
1.	FEC ID number C	
2.	FEC ID number C	rug magazg P
3.	FEC ID number C	e e e e e e e e e e e e e e e e e e e
4.		

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FEC FOITH I (Nevised	su 02/2009)	raye 3	
Write or Type Committee Nam			
ARKANSAS HORSE ASSOCIATION			
6. Name of Any Connected	d Organization, Affluated Committee, Joint Fundraising Representative, or Leadership P	AC Sponsor	
None			
Mailing Address			
		اـــــا-ل	
	CITY STATE ZIP	CODE	
Relationship: Connect	cted Organization Affiliated Committee Joint Fundraising Representative Leaders	hip PAC Sponsor	
 Custodian of Records: Id books and records. 	dentify by name, address (phone number optional) and position of the person in possessi	on of committee	
Full Name Paul	la Bacon		
Mailing Address	1504 S. Houston Street	لتتتت	
	Kaufman TX 75142	J-L	
Title or Position	CITY STATE ZIP (CODE	
Custodian of Re	ecords Telephone number 972 1 - 824	[1073	
Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and the name a g., assistant treasurer).	nd address of	
Full Name of Treasurer	e Caramante		
Mailing Address	1504,S. Houston Street		
	Kaufman 75142]-[
Title or Position		CODE	
Treasurer	Telephone number [281,] - [766,]-[4040]	

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Full Name of Designated Agent	Paula Bacon	
Mailing Address	4504 S. Houston Street	1111111
	Кацfman	75142 , - , , ,
	CITY STATE	ZIP CODE
Title or Position		
Assistant	reasurer 1972	824,107,3,
. Banks or Othe safety deposit b	r Depositories: List all banks or other depositories in which the committee deposits functions oxes or maintains funds.	ds, holds accounts, rents
Name of Bank,	Depository, etc.	
	JPMorgan Chase Bank	11111111
Mailing Address	811 Preston Road	
	[Dallas TX]	75525
	CITY STATE	ZIP CODE
	Daniella de la companya del companya de la companya del companya de la companya d	
Name of Bank,	Depository, etc.	
Name of Bank,	Depository, etc.	
Name of Bank,	Depository, etc.	
Name of Bank, Mailing Address		

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation[™] or Signature Confirmation[™] Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): **DATE PREPARED**